

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036427

5242

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED OCT 9 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 50 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION APT. #7 5109 THOMPSON AVE.		d. STREET ADDRESS (If outside, give location) APT. #7 5109 THOMPSON AVE.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET A. SAYLES			4. DATE OF DEATH Month Day Year SEPTEMBER 25 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/1891	9. AGE (last birthday) 82	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 24 YRS.		10b. KIND OF BUSINESS OR INDUSTRY MONTGOMERY WARD & ABERDEEN, SO. DAK.		11. BIRTHPLACE (City and state or country) U.S.A.	
13a. FATHER'S NAME JOSEPH ALEXANDER DELLA		13b. MOTHER'S MAIDEN NAME VAN HOOK		14. NAME OF HUSBAND OR WIFE WILLIAM SAYLES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 131		17. INFORMANT WILLIAM SAYLES	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Thrombosis DUE TO (b) Coronary Artery Arteriosclerosis DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:00 Month, Day, Year Sept 28, 1963			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson STATE Mo.
21. I attended the deceased from Jan. 1959 to 1963 and last saw him alive on 1963 Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. Shireman MD (Degree or title)		22b. ADDRESS 4606 St John Kansas	22c. DATE SIGNED 9-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Sept 28, 1963	23c. NAME OF CEMETERY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS		25. DATE RECD. BY LOCAL REG. 9-26-63	26. REGISTRAR'S SIGNATURE Bessie Smith

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF L. Shireman MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

By Kenneth Leroy Whisenand Ch-2450
4606 St. John Avenue
L

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Eldon Norris, Student Embalmer No. 700

working under my personal supervision.

Student Eldon Norris
Signature of Student Embalmer

Signed Dean H. Huff

Licensed Embalmer No. 4914

P. O. Address Indgo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.